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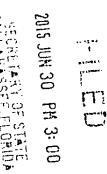
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COVER LETTER

NAME OF CORPORATION: Bet Shira Early Childhood Cen
DOCUMENT NUMBER: NO2000006423
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephanie Feldman (Name of Contact Person)
Bet Shira Early Childhood Center
7500 SW 120 Street
Mian, FL 33156 (City/ State and Zip Code)
Stephaniem Feldman a yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephanie Feldman at 786 704-3371 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& \bigcup \\$43.75 Filing Fee \& Certificate of Status Certified Copy (Additional copy is enclosed) \$\bigcup \\$35 Filing Fee \& \bigcup \\$52.50 Filing Fee \& Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section Division of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

Bet Shira Early Childh	ood Center P.T.C., Inc.
Nononna Corporation as current	tly filed with the Florida Dept. of State)
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on: The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a Name of New Registered Agent:	
Nume of New Registered Agent.	
New Registered Office Address:	(Florida street address)
$\frac{N}{N}$	/ A , Florida, (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	
	ignature of New Registered Agent, if changing
S.	ginature of New Neglinered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>10</u>	Staci Kaplan	16735 SW 87C+ Miami, FL 33157
2) Change Add Remove	ID	Maya Greenberg	8325 5W 1635+ Miami, FL 33157
Remove 3) Change Add Remove	ND	Melissa Barnes	7012 5W 53 Lang miami, FZ 33155
4) Change Add Remove	TD	Brooke Lam	2601 5 Bayshore Dr. Suite 1450 Coconut Grove, FZ
5) Change Add Remove			33133
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
(attach additional sheets, if necessary). (Be specific)	
N/A	
1	

The date of each amendment(s) adoption: 5 UNL 1, 2015, if other date this document was signed.	er than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated June 22, 2015	
Signature Signature (By the chairman of vice chairman of the board, president or other officer-if directors	
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Stephanie Feldman	
(Typed or printed name of person signing)	
President	
(Title of person signing)	